

FILED AUG 8 - 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **23955**
3216

BIRTH NO. _____		REG. DIST. NO. 149		PRIMARY REG. DIST. NO. 1002		Registrar's No. _____	
1. PLACE OF DEATH a. COUNTY Jackson				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a-STATE Missouri b. COUNTY Jackson			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kansas City		c. LENGTH OF STAY (In this place) Over 1 yr.		c. CITY OR TOWN Kansas City		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION 2417 Waldron Street				e. STREET ADDRESS (If rural, give location) 2417 Waldron Street 337 1/2			
3. NAME OF DECEASED (Type or Print) Lettie		a. (First)		b. (Middle)		c. (Last) Shade	
4. DATE OF DEATH July 20, 1956		(Month) (Day) (Year)		5. SEX Female		6. COLOR OR RACE Col. 3	
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widow		8. DATE OF BIRTH Mar. 11, 1886		9. AGE (In years last birthday) 70		10. UNDER 1 YEAR Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) Plattsburgh, Missouri		12. CITIZEN OF WHAT COUNTRY? U.S.	
13a. FATHER'S NAME John Hicks		13b. MOTHER'S MAIDEN NAME Amanda (unknown)		14. NAME OF HUSBAND OR WIFE Gus Shade, deceased			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME Mrs. Martha Dunn, 2417 Waldron			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Shock. ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Traumatic Cerebral Hemorrhage. DUE TO Intentional Repeated Trauma by Blunt Force Simple Fracture Lower 1/3 Left Leg. Multiple Incised Wounds Dorsum right hand.				INTERVAL BETWEEN ONSET AND DEATH	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		19c. CITY, TOWN, OR TOWNSHIP (COUNTY) (STATE) Kansas City Jackson, Mo.		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) Homicide		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) 2417 Waldron		21c. CITY, TOWN, OR TOWNSHIP (COUNTY) (STATE) Kansas City Jackson, Mo.		21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 7/20/56 11:35 a.m.	
21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? Don't know.		22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.		23a. SIGNATURE L.M. Tillman (Degree or title) 3 M.D.	
23b. ADDRESS 1618 Lydia Ave		23c. DATE SIGNED 7/21/56		24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE 7/24/56	
24c. NAME OF CEMETERY OR CREMATORY Mt. Washington		24d. LOCATION (City, town, or county) (State) Plattsburgh, Missouri		25. FUNERAL DIRECTOR'S SIGNATURE Hadeau, Appleton & Jones, Inc., K.C., Mo.		ADDRESS	
DATE REC'D BY LOCAL REG. 7-24-56		REGISTRAR'S SIGNATURE Neva Minshall		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS			

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD
L.M. Tillman, Deputy Coroner

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed
by me, or by, Student Embalmer No.....
working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed..... *Conrado A. G. B.*

Licensed Embalmer No..... *49*

P. O. Address..... *K. C. Ho*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.